

# Foster Family Home - Corrective Action Report

Provider ID: 2-130042

Home Name: Romeo Salom, Jr., CNA

Review ID: 2-130042-5

479 Luakaha Street

Reviewer: Carol Copeland

Hilo

HI 96720

Begin Date: 9/6/2018

End Date: 9-12-18

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) Home inspection performed to recertify three client home. Home in compliance on day of inspection. Corrective action report issued with no pan of correction due to CTA.

Carol Copeland RN MSN  
Compliance Manager

[Signature]  
Primary Care Giver

9/06/18  
Date

9/6/18  
Date